

**Indiana State Police Methamphetamine Laboratory Occurrence Report**

This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date: 9-25-2010Address: 2109 E. Jefferson StCase #: 24F31929Warsaw INCounty: Kosciusko46580**Type of Laboratory Seizure (check one)**

- ☒ Operational Lab  
☐ Chemical/Glassware/Equipment (only)  
☐ Dumpsite (only)

**Seizure Location (check all that apply)**

- ☒ Residence ☐ Hotel/Motel  
☐ Outbuilding ☐ Open -- No Structure  
☒ Vehicle ☐ Other: \_\_\_\_\_

**Items Found: Location (bedroom, kitchen, open air, etc)**

(check all that apply)

- ☒ Lithium/Ammonia Reaction(s): vehicle  
☐ Red Phosphorous/Iodine Reaction(s): \_\_\_\_\_  
☒ Flammable Solvents: Vehicle  
☐ Water Reactive Metal (Lithium): \_\_\_\_\_  
☐ Anhydrous Ammonia: \_\_\_\_\_  
☐ Hydrochloric Acid Gas Generator(s): \_\_\_\_\_  
☒ Corrosive Acid: Bathroom  
☒ Corrosive Base: Vehicle  
☒ Other (item and location): Ammonium Nitrate/ Vehicle

**Child under age 18 discovered (check one)**

- ☐ Yes \_\_\_\_\_ (number present)  
☒ No

\*If yes, fax report to Child Protective Services

**Investigative Information**

- ☐ Ephedrine/Pseudoephedrine Tracking Log  
☐ Retail/Merchant Tip  
☒ Other: suspicious activity

**This report is to be faxed to the following agencies that serve the location:**Fire Department: Warsaw Fire DepartmentFax: (574) 267 7962Health Department: Kosciusko County HDFax: (574) 269-2023

Child Protection Service: \_\_\_\_\_

Fax: \_\_\_\_\_

For further information regarding this methamphetamine laboratory, contact

Investigating Officer: Trp. Andrew Cochran Phone 574-546-4900

\*\* This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

\*\*\* This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.